



2010 Annual Florida Library Association
 Conference & Exhibits
 April 7-9, 2010
 Orlando, Florida
 Attendee Registration Form



Register online at http://www.flalib.org/conference_2010.php

Organization: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email: _____

Please print clearly. All communication will come through email.

Registration – Early Registration valid through February 1, 2010

Member Registration	Early	Late	Non-Member Registration	Early	Late
Full Conference	<input type="checkbox"/> \$115	<input type="checkbox"/> \$125	Full Conference	<input type="checkbox"/> \$185	<input type="checkbox"/> \$205
Single Day	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90	Single Day	<input type="checkbox"/> \$150	<input type="checkbox"/> \$160
Library Supporter	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	Library Supporter	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60
Exhibit Hall Only	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	Exhibit Hall Only	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
Student - Full	<input type="checkbox"/> \$50		Student – 1 Day	<input type="checkbox"/> \$30	
Friends Day	<input type="checkbox"/> \$40				
Friends, Foundation & Board Luncheon & Awards – Thursday, April 8				<input type="checkbox"/> \$30	
Florida Book Awards Banquet – Thursday, April 8			<input type="checkbox"/> \$50 Beef	<input type="checkbox"/> \$45 Chicken	<input type="checkbox"/> \$40 Vegetarian
I will attend the Mystery Writers Breakfast.		<input type="checkbox"/> Yes	<input type="checkbox"/> NO		

Grand Total: _____

I agree to pay the above amount for the 2010 Florida Library Association Annual Conference

Method of Payment - Please circle one: Visa MasterCard American Express Check

I authorize CMC & Associates to charge my credit card for the above amount.

Credit Card Number: _____ Exp Date: _____

Name as it appears on the card: _____

Signature: _____ Email of cardholder: _____

Conference Registration and Information – Mail or fax your form to:
 CMC & Associates
 2713 Blairstone Lane
 Tallahassee, Florida 32301
 850-224-7775 – phone 850-224-7704 – fax